

**IN KIND CAMPAIGN
EXPENSES**

Report Period

#

/

Name (print) CLARK COUNTY REPUBLICAN PARTY

Office (if applicable)

District (if applicable)

IN KIND**Expenses in Excess of \$100**

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE IN KIND GOOD(S) OR SERVICE(S)	DESCRIPTION OF EACH IN KIND EXPENSE	DATE OF EACH IN KIND EXPENSE	VALUE OR COST OF EACH IN KIND EXPENSE
NONE			

This page may be copied or duplicated if additional space is needed.

**IN KIND CAMPAIGN
EXPENSES**

Report Period

#

/

Name (print) CLARK COUNTY REPUBLICAN PARTY

Office (if applicable)

District (if applicable)

IN KIND

Expenses of \$100 or Less

DATE OF EACH IN KIND EXPENSE	VALUE OR COST OF EACH IN KIND EXPENSE	DESCRIPTION OF EACH IN KIND EXPENSE

NONE

This page may be copied or duplicated if additional space is needed.

Prescribed by Secretary of State
NRS 294A.120, 294A.140, 294A.150
294A.200, 294A.210, 294A.220, 294A.362